# MHSA FRAUD COMPLAINT AND WHISTLEBLOWER REPORT

**Regarding: Siskiyou County Health and Human Services, Behavioral Health Division**

*Mental Health Services Act — Annual Revenue and Expenditure Report (ARER) Irregularities*

Submitted by: Samantha Schlieter | July 15, 2026
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**SUBMISSION NOTE:** This report is submitted simultaneously to: California Department of Health Care Services (DHCS); California State Auditor; California Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse; Mental Health Services Oversight and Accountability Commission (MHSOAC); and the California Legislature (Senate and Assembly Health Committees). Complainant's right to submit this report cannot be waived by any private settlement agreement. See Health & Safety Code § 1280.4; Gov. Code § 12652(d)(4)(A).

## I. EXECUTIVE SUMMARY

This complaint documents sixteen fraud indicators (FI-01 through FI-16) in Siskiyou County's Mental Health Services Act (MHSA) Annual Revenue and Expenditure Reports (ARERs) and related planning documents submitted to the California Department of Health Care Services (DHCS) during fiscal years 2020-21 through 2023-24.

The indicators are organized into two tiers. Tier 1 indicators reflect evidence of intentional misconduct — including a whistleblower's direct account of being instructed to falsify data, corroborated by the Director's own sworn deposition admissions. Tier 2 indicators reflect material anomalies documentable from the face of the submitted reports, independent of any testimonial account.

The core allegation is straightforward: **Siskiyou County HHS Director Sarah Collard directed county staff to inflate FSP (Full-Service Partnership) client counts and PEI (Prevention and Early Intervention) expenditure figures in ARERs submitted to DHCS** — and the irregularities resulting from that direction are documentable in the reports themselves.

**KEY FINANCIAL FACT:** Siskiyou County's own independently audited financial statements disclose a $12M+ repayment liability to the state for Behavioral Health fund expenditures — establishing that DHCS already has an adversarial funding relationship with this county and a documented motive for the inflation reported here.

## II. ENTITIES AND INDIVIDUALS IDENTIFIED

### Primary Responsible Entity

**County:** County of Siskiyou, California
**Department:** Health and Human Services, Behavioral Health Division
**Address:** 818 South Main Street, Yreka, CA 96097

### Individual Actors

**Sarah Collard:** Director, Siskiyou County HHS. Signed MHSA ARERs under penalty of perjury. Admitted under oath that she certified ARERs without reviewing them in detail (FI-04). Admitted she may have used the phrase "backfill mental health" and described that practice as illegal (FI-05). Primary person who directed Complainant to falsify FSP client counts and PEI expenditure data (FI-03). See Appendix 6 (Collard deposition transcript).

**Rose Bullock:** Prepared MHSA ARERs for FY 2020-21 and FY 2023-24 while simultaneously administering the PEI contracts whose expenditures those ARERs report — a direct conflict of interest (FI-06). Promoted to Deputy Director of Administration during the pendency of civil litigation arising from this conduct. See Appendix 4.

**Theo-Alice Pierce:** Prepared MHSA ARERs for FY 2021-22 and FY 2022-23. Relevant to continuity of irregularities across fiscal years not prepared by Bullock.

**Eric Jauregui:** MHSA Coordinator. Administered the 2023 PEI contractor RFP process in which documented procurement irregularities were identified (FI-11). See Appendix 4.

## III. BACKGROUND: MHSA REPORTING REQUIREMENTS

The Mental Health Services Act (Proposition 63, 2004) requires California counties to submit Annual Revenue and Expenditure Reports (ARERs) to DHCS documenting MHSA fund expenditures by program component. ARERs must be:

- Certified by an authorized county official under penalty of perjury
- Preceded by a required public hearing allowing community input
- Accurately reflective of actual program expenditures, client counts, and outcomes
- Consistent with the county's MHSA Three-Year Plan and Annual Updates, which must themselves accurately reflect program activities and needs

DHCS uses ARER data to allocate MHSA funds and evaluate county compliance. Inflated client counts and expenditure figures result in counties receiving or retaining funding they are not entitled to — at the direct expense of the state fund and the communities MHSA is designed to serve.

## IV. FRAUD INDICATORS: SUMMARY TABLE

The table below summarizes all sixteen fraud indicators. The **Exhibits** column cross-references the appendix documents submitted with this complaint. Full narrative analysis follows in Section V.

| # | Classification | Indicator | Summary | Exhibits |
|---|---|---|---|---|
| **FI-01** | **Tier 1** | **Stale PEI Contractor Outcome Data** | Four consecutive fiscal years of identical outcome data cited as current in Annual Updates — a statistical impossibility in a living program. | **App. 1, 2, 3** |
| **FI-02** | **Tier 1** | **FSP Client Count Mathematical Impossibility** | Reported FSP client counts cannot be reconciled with documented program enrollment capacity and staffing levels. | **App. 1, 2** |
| **FI-03** | **Tier 1** | **Director Pressure to Falsify Counts** | Director Collard directed staff to inflate FSP client counts and PEI expenditure figures in ARERs. See Complainant account (Section VIII) and corroborating evidence. | **App. 5, 6** |
| **FI-04** | **Tier 1** | **ARER Certification Without Review** | Collard admitted under oath she certified ARERs submitted to DHCS under penalty of perjury without reviewing them in detail. | **App. 6** |
| **FI-05** | **Tier 1** | **"Backfill Mental Health" Admission** | Collard testified she may have used the phrase "backfill mental health" and described that practice as illegal — directly implicating the ARER funding mechanism. | **App. 6** |

| # | Classification | Indicator | Summary | Exhibits |
|---|---|---|---|---|
| FI-06 | Tier 1 | **Conflict of Interest: ARER Preparer = Contract Administrator** | Rose Bullock simultaneously prepared ARERs and administered the PEI contracts she was reporting on. Subsequently promoted to Deputy Director of Administration. | App. 1, 4 |
| FI-07 | Tier 2 | **FFP Zero Anomaly (3 Consecutive Years)** | Federal Financial Participation figures reported as zero across three consecutive fiscal years; Collard could not explain this under deposition questioning. | App. 1, 2, 6 |
| FI-08 | Tier 2 | **PEI Expenditure Inflation Pattern** | Year-over-year PEI expenditure figures show escalation inconsistent with documented program activity levels and contractor deliverables. | App. 1, 2, 4 |
| FI-09 | Tier 2 | **"XXXX" Public Hearing Date on Signed Certification** | A perjury certification signed by Collard contains an "XXXX" placeholder where the required public hearing date should appear. | App. 1, 3 |
| FI-10 | Tier 2 | **Anomalous Poverty Rate Figure** | A poverty rate figure in MHSA PEI needs assessment documentation is inconsistent with publicly available Siskiyou County demographic data. | App. 3 |
| FI-11 | Tier 2 | **Degraded RFP Process (2023)** | The 2023 PEI contractor RFP shows documented procurement irregularities that compromised competitive bidding integrity. | App. 4 |
| FI-12 | Tier 2 | **$12M+ Behavioral Health Repayment Liability** | County audited financial statements disclose a $12M+ repayment liability to the state — establishing financial motive for inflated MHSA reporting. | App. 1 |
| FI-13 | Tier 1 | **Planning Document Internal Data Conflicts** | Figures in the FY 2020-23 and FY 2023-26 Three-Year Plans directly contradict figures in the Annual Updates they purport to supersede. | App. 2, 3 |
| FI-14 | Tier 1 | **Outcome Data Suppression** | Outcome metrics tracked in earlier filings are absent without explanation from subsequent filings — consistent with suppression of unfavorable data. | App. 2, 3 |
| FI-15 | Tier 2 | **Mirrored Language Across Independent Reports** | Near-identical passages appear across documents that should independently describe different fiscal years' program activities. | App. 2, 3 |
| FI-16 | Tier 2 | **Document Structure Anomalies** | Formatting inconsistencies and metadata irregularities inconsistent with independently prepared annual documents. | App. 2, 3 |

## V. FRAUD INDICATORS: NARRATIVE ANALYSIS

## Tier 1 — Intentional Misconduct

### FI-01: Stale PEI Contractor Outcome Data [App. 1, 2, 3]

Multiple consecutive Annual Updates submitted to DHCS cite identical outcome data for PEI contractors across fiscal years that those outcomes purport to describe. Outcome data that does not change year over year in a living behavioral health program is a strong indicator that data is being copied forward rather than collected and reported anew. This is documentable from the face of the submitted documents without reliance on any testimonial account. See Appendices 1, 2, and 3 for cross-year comparison.

### FI-02: FSP Client Count Mathematical Impossibility [App. 1, 5]

FSP client counts reported in ARERs during the relevant period cannot be reconciled with documented program parameters — including staffing levels, caseload standards, and program enrollment records. The reported figures exceed what the program's documented infrastructure could support. This is independently verifiable from program records. See Appendices 1 and 5.

### FI-03: Director-Level Pressure to Falsify [App. 5, 6]

Complainant Samantha Schlieter was directly instructed by HHS Director Sarah Collard to inflate FSP client counts and PEI expenditure figures in MHSA reporting materials. This instruction was given in the context of Complainant's work duties. The documentary anomalies in FI-01, FI-02, and FI-08 are the material trace of that instruction in the submitted reports. Complainant's account is set out in full in Section VIII. Director Collard's own deposition testimony provides independent corroboration — see FI-04, FI-05, and Appendix 6.

### FI-04: ARER Certification Without Review [App. 6]

Director Collard signed MHSA ARERs submitted to DHCS under penalty of perjury. Under oath in her civil deposition, she admitted she certified these documents without reviewing them in detail and acknowledged that inaccurate reporting would "always be a problem." A perjury certification is a legally operative act that attests to the accuracy of the document's contents. Signing without review is itself a violation independent of the underlying accuracy of the data. See Appendix 6 (Collard deposition transcript).

*Collard deposition (paraphrase): Admitted she certified ARERs submitted to DHCS under penalty of perjury without reviewing them in detail; admitted that inaccurate reporting would "always be a problem."*

### FI-05: "Backfill Mental Health" Admission [App. 6]

Director Collard testified under oath that she may have used the phrase **"backfill mental health"** — and she characterized that practice as illegal. In MHSA funding context, "backfill" refers to using MHSA funds to replace other funding sources rather than supplement them — a prohibited use under MHSA statute. This admission, made by the person who signed the ARER certifications under penalty of perjury, directly implicates the mechanism by which MHSA funds were misused. See Appendix 6.

### FI-06: Conflict of Interest — ARER Preparer = Contract Administrator [App. 1, 4]

Rose Bullock prepared MHSA ARERs for FY 2020-21 and FY 2023-24 while simultaneously serving as administrator of the PEI contracts whose expenditures those ARERs report. The same individual controlled both the expenditure decisions and the reporting of those expenditures to the state — eliminating the internal check ARER preparation is supposed to provide. Inflated PEI expenditure figures in those fiscal years' ARERs passed through a single point of control with no independent verification. Bullock was subsequently promoted to Deputy Director of Administration during civil litigation in which this conflict was a disputed issue. See Appendices 1 and 4.

### FI-13: Planning Document Internal Data Conflicts [App. 2, 3]

Cross-analysis of the FY 2020-23 and FY 2023-26 Three-Year Plans and FY 2022-23 and FY 2023-24 Annual Updates reveals figures in one document that directly contradict figures in the document they

purport to update or supersede. Genuine independent reporting does not produce this pattern. See Appendices 2 and 3.

**FI-14: Outcome Data Suppression [App. 2, 3]**

Outcome metrics tracked and reported in earlier fiscal years' planning documents are absent — without explanation, annotation, or acknowledged methodology change — from subsequent filings. A program that stops reporting outcomes it previously reported is either experiencing unfavorable results it does not wish to disclose, or has discontinued required measurement activities. Neither is consistent with MHSA compliance. See Appendices 2 and 3.

## Tier 2 — Material Anomalies

**FI-07: FFP Zero Anomaly (Three Consecutive Years) [App. 1, 2, 6]**

Federal Financial Participation (FFP) figures were reported as zero for three consecutive fiscal years. A zero FFP figure is unusual; three consecutive years without documented explanation is a material anomaly. Director Collard could not account for this pattern under deposition questioning. See Appendices 1, 2, and 6.

**FI-08: PEI Expenditure Inflation Pattern [App. 1, 2, 4]**

Year-over-year PEI expenditure figures show escalation inconsistent with documented program activity levels and available contractor deliverable records. Expenditure figures that increase without corresponding increases in documented program delivery are a standard indicator of inflated reporting. See Appendices 1, 2, and 4.

**FI-09: "XXXX" Public Hearing Date on Signed Certification [App. 1, 3]**

At least one perjury certification signed by Director Collard on an MHSA planning document contains an "XXXX" placeholder where the public hearing date should appear. A public hearing is a required precondition to ARER submission. A signed certification with an unfilled hearing date placeholder indicates either that the certification was signed before the hearing occurred, that no hearing was held, or that the certification was completed without verifying required procedural prerequisites. See Appendices 1 and 3.

**FI-10: Anomalous Poverty Rate Figure [App. 3]**

A poverty rate figure used in MHSA PEI needs assessment documentation submitted to DHCS is inconsistent with publicly available Siskiyou County demographic data for the cited reference period. Needs assessment data must accurately reflect community conditions that justify PEI funding allocations. See Appendix 3.

**FI-11: Degraded RFP Process (2023) [App. 4]**

The 2023 competitive procurement process for MHSA PEI contractors, administered by MHSA Coordinator Eric Jauregui, shows documented irregularities that compromised the competitive integrity of the bidding process. Contracts awarded through a degraded RFP process then become the basis for PEI expenditure reporting in subsequent ARERs. See Appendix 4.

**FI-12: $12M+ Behavioral Health Repayment Liability [App. 1]**

Siskiyou County's independently audited financial statements disclose a repayment liability of more than $12 million to the state for Behavioral Health fund expenditures. This is not a routine accounting entry — it represents the state's assertion that the county received and retained behavioral health funding it was not entitled to. This liability establishes: (a) DHCS already has an adversarial funding relationship with Siskiyou County Behavioral Health; (b) a direct institutional financial motive for inflating MHSA program reporting to offset anticipated repayment obligations; and (c) that the irregularities documented here are part of a broader pattern of behavioral health funding mismanagement. See Appendix 1.

**FI-15: Mirrored Language Across Independent Reports [App. 2, 3]**

Planning documents submitted across different fiscal years contain near-identical language in sections that should describe year-specific program activities, needs, and outcomes. Independent annual reporting does not produce this pattern. Mirrored language across years is consistent with copy-forward preparation rather than genuine annual reporting. See Appendices 2 and 3.

**FI-16: Document Structure Anomalies [App. 2, 3]**

MHSA planning documents contain formatting inconsistencies and metadata irregularities inconsistent with the production workflow expected of independently prepared annual documents. These anomalies corroborate a copy-forward preparation pattern. See Appendices 2 and 3.

## VI. REQUESTED AGENCY ACTIONS

### California Department of Health Care Services (DHCS)

- Open a formal MHSA compliance investigation into Siskiyou County's ARERs for FY 2020-21 through FY 2023-24
- Conduct independent verification of FSP client counts and PEI expenditure figures against county program records
- Review prior Program Review Report and Plan of Correction in light of the additional evidence documented herein
- Initiate recapture proceedings for any MHSA funds determined to have been improperly claimed
- Refer findings to the Attorney General's office if criminal conduct is identified

### California State Auditor

- Exercise subpoena authority to compel production of Siskiyou County MHSA program and financial records
- Conduct an independent performance audit of Siskiyou County's MHSA program compliance for the fiscal years identified
- Review the relationship between the $12M+ Behavioral Health repayment liability and the MHSA reporting irregularities documented herein
- Issue a public report on findings

### Attorney General — Bureau of Medi-Cal Fraud and Elder Abuse

- Investigate potential criminal violations arising from ARER certifications submitted under penalty of perjury containing materially false figures
- Investigate Director Collard's conduct in certifying documents she admitted not reviewing and directing subordinates to falsify program data
- Review the "backfill mental health" admission under MHSA statute and applicable fraud provisions for criminal referral potential

### MHSOAC

- Conduct oversight review of Siskiyou County's MHSA program compliance and reporting integrity

- Require the county to produce documentation sufficient to verify the accuracy of ARER submissions for the relevant fiscal years
- Consider whether findings warrant formal accountability action under the Commission's oversight authority

### California Legislature — Senate and Assembly Health Committees

- Request a briefing from DHCS on Siskiyou County's MHSA compliance history, including prior Program Review and Plan of Correction
- Consider whether systemic issues documented here — including the structural conflict of interest in ARER preparation and absence of meaningful certification review — warrant statewide MHSA reporting reforms
- Exercise oversight authority to ensure DHCS conducts appropriate follow-up on counties with documented compliance concerns

## VII. LEGAL BASIS FOR REPORTING

Complainant's right to report fraud involving state MHSA funds to the agencies identified herein is established and protected under California law. Relevant authorities include:

- Health & Safety Code § 1280.4 — Protects individuals who report suspected fraud in state health programs
- Government Code § 12652(d)(4)(A) — The California False Claims Act expressly provides that private settlement agreements may not restrict a person's right to report fraud against the state to law enforcement or regulatory agencies
- Labor Code § 1102.5 — Prohibits retaliation against employees who disclose information they reasonably believe evidences a violation of state or federal law to a government or law enforcement agency

No provision of any private settlement agreement relating to Complainant's civil litigation can lawfully prevent, restrict, or penalize the submission of this report. This report is submitted independently of and without prejudice to any such settlement.

## VIII. COMPLAINANT INFORMATION AND WHISTLEBLOWER ACCOUNT

### A. Complainant Identity

**Name:** Samantha Schlieter

**Address:** 900 Duncan Drive, Yreka, CA 96097

**Email:** sschlieter@icloud.com

**Former Title:** Mental Health Clinical Case Manager, Siskiyou County HHS Behavioral Health Division

**Dates of Employment:** 2022 – June 12, 2024 (constructive discharge)

**Prior Employment:** Previously employed by the same department; resigned in 2022 under pressure following initial refusal to falsify MHSA data; rehired later that year

**Civil Litigation:** Plaintiff in Schlieter v. County of Siskiyou et al., Case No. 24CV12876, Siskiyou County Superior Court — whistleblower retaliation, FEHA discrimination and harassment, CFRA violations, and constructive discharge. Settled July 2026. The settlement of that matter does not affect or resolve the fraud on the state that is the subject of this report.

### B. The Whistleblower Account

Complainant served as a Mental Health Clinical Case Manager in Siskiyou County's Behavioral Health Division from 2022 through June 12, 2024. In the course of her duties, she was involved in the preparation and review of MHSA program data used in ARER submissions to DHCS.

In that role, Complainant was **directly instructed by HHS Director Sarah Collard to inflate FSP client counts and PEI expenditure figures** in materials that would be reported to the state. This instruction was given explicitly, in Complainant's capacity as a county employee with direct involvement in MHSA program data.

Complainant refused to falsify the data. That refusal led to a sustained pattern of workplace retaliation — adverse actions, hostile work environment, exclusion from program duties, and ultimately constructive discharge on June 12, 2024. The retaliation is the subject of the civil litigation referenced above. The underlying fraud on the state is the subject of this report.

The whistleblower account is independently corroborated by:

- Director Collard's own sworn deposition admissions — that she certified ARERs without reviewing them (FI-04), that she may have said "backfill mental health" and described it as illegal (FI-05), and that she could not explain the FFP zero anomaly (FI-07) — all in Appendix 6
- Statistical anomalies in the ARERs themselves that are inconsistent with legitimate reporting (FI-01, FI-02, FI-07 through FI-10), documented in Appendices 1 through 5
- The structural conflict of interest that created both motive and opportunity for inflation at the level of ARER preparation (FI-06), documented in Appendix 4
- The county's own $12M+ repayment liability, establishing institutional financial pressure predating this complaint (FI-12), documented in Appendix 1

## IX. DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief, and that the information provided in this report is based on my personal experience, my review of relevant documents, and my observations during my employment with Siskiyou County Health and Human Services, Behavioral Health Division.

I understand that I have a right to report fraud, waste, and abuse involving state MHSA funds to the agencies identified herein, and that this right cannot be waived or restricted by any private settlement agreement under California law.

_____ Date: _____

Samantha Schlieter, Complainant

900 Duncan Drive, Yreka, CA 96097

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## APPENDIX: ATTACHED DOCUMENTS

The following documents are submitted with this complaint. Each appendix is cross-referenced in the fraud indicator table (Section IV) and the narrative analysis (Section V) by the notation "App. #".

| Appendix | Document Title | Description | Supports |
|---|---|---|---|
| **App. 1** | **Fraud Indicators Summary**<br>**(FI-01 through FI-12)** | Core fraud indicator framework: FSP client count anomalies, PEI expenditure irregularities, FFP zero anomaly, conflict of interest structure, $12M+ repayment liability. Prepared by Complainant with supporting document cross-references. | FI-01 through FI-12 |
| **App. 2** | **ARER / BHSOAC Cross-Analysis** | Cross-analysis of Annual Revenue and Expenditure Reports against BHSOAC subaccount reporting. Documents stale outcome data, internal year-over-year contradictions, and mirrored language patterns across fiscal years. | FI-01, FI-07, FI-08, FI-13–16 |
| **App. 3** | **MHSA Contradiction Analysis** | Document-level analysis of internal data conflicts across the FY 2020-23 and FY 2023-26 Three-Year Plans and FY 2022-23 and FY 2023-24 Annual Updates, including the "XXXX" public hearing date and anomalous poverty rate figure. | FI-09, FI-10, FI-13–16 |
| **App. 4** | **PEI Contractor Master Analysis** | Comprehensive analysis of PEI contractor expenditure reporting, the Rose Bullock conflict of interest, and the degraded 2023 RFP process. | FI-06, FI-08, FI-11 |
| **App. 5** | **Siskiyou County MHSA Metrics Analysis** | Quantitative analysis of FSP client count figures and PEI expenditure trends across fiscal years, with comparison to documented program capacity parameters. | FI-02, FI-08 |

| Appendix | Document Title | Description | Supports |
|---|---|---|---|
| App. 6 | **Sarah Collard Deposition Transcript**<br><br>**(Schlieter v. County of Siskiyou,**<br><br>**Case No. 24CV12876)** | Complete sworn deposition testimony of HHS Director Sarah Collard. Key admissions: certified ARERs without review (FI-04); "backfill mental health" statement described as illegal (FI-05); could not explain FFP zero anomaly (FI-07); shifted blame to Rose Bullock re: ARER preparation decisions (corroborates FI-06). | FI-03, FI-04, FI-05, FI-06, FI-07 |

## Notes on Documentation

- Appendices 1 through 5 are analytical documents prepared by Complainant based on her review of Siskiyou County MHSA filings, audited financial statements, and related county records accumulated during her employment and subsequent civil litigation.
- Appendix 6 — the Sarah Collard deposition transcript — is a certified transcript of sworn testimony taken in Schlieter v. County of Siskiyou et al., Case No. 24CV12876, Siskiyou County Superior Court. It is submitted in full. Key admissions relevant to this complaint are identified above by fraud indicator number and can be located within the transcript using the references provided.
- The underlying source documents referenced in the analytical appendices — including the MHSA AREPs, Three-Year Plans, Annual Updates, Single Audit reports, and audited county financial statements — are public records available from DHCS, the California State Auditor, and the Siskiyou County Auditor-Controller. Complainant can identify specific documents and page references upon request by any investigating agency.